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I consent to be a party plaintiff in the lawsuit entitled Lopez et al. v. Universal Protection Services, LLC et al., to 29 U.S.C. § 216(b).

1. Please fill in the following information:

Shakida Upsher Full Legal Name (Print)	
Street Address	Email Address
City, State, and Zip Code	Telephone Number

2. Please select from one of the following options:

I wish to be represented by Pelton Graham LLC ("Plaintiffs' Counsel") and consent to the terms of such representation. By selecting this option, and by signing and returning this consent form, I designate Plaintiffs' Counsel to represent me and make decisions on my behalf concerning the litigation and any settlement.

I wish to be represented by my own attorney, at my own cost. If you have selected this option, please state your attorneys' name, address and phone number. Your attorney must file a notice of appearance promptly with the clerk of the court.

3. SIGNATURE [or E-SIGNATURE]

Shakida Upsher (Signature)

(Date) (Date)

Mail, Fax or E-Mail to:

Lopez et al. v. Universal Protection Service, LLC d/b/a Allied Universal Security Services

c/o CPT Group Inc. 50 Corporate Park Irvine, CA 92606 Fax: 949-419-3446

Email: UniversalProtectionServiceSettlement@cptgroup.com